

# Work Order ID 102320

\*102320\*

Page 1

May-27-13 2:30:19 PM

Item ID: D4042-13

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Rib

Start Date: 5/27/13

Start Qty: 2.00

\*2\* (IX)

Cust Item ID:

Required Date: 5/27/13

Req'd Qty: 2.00

Customer:

Reference:

Approvals: Process Plan: MLS

Date: 1305-27 Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| D4042    | A            |

100 0.00

\*100\*

Large Fab

Memo

0.00

Large Fab

1- Cut as per dwg D4042  
2- Deburr and remove identification markings

IX DL 15/2/12

110

QC5- Inspect part completeness to step on W/O 0.00

\*110\*

QC

Memo

0.00

Quality Control

FEB 12 2015

DAS  
24  
9-89

120

Identify as per dwg & Stock Location: W44 0.00

\*120\*

Packaging

Memo

0.00

Packaging

FEB 12 2015

DAS  
24  
9-89

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date | Step | Qty                                                                                                                                                                                                                                                                                                                                                                                                                                             | Description of work order update or Non-conformance                                                                                                                             | Initial Chief Eng | Action Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sign & Date | Verification | QC Inspector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Operator <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Setup <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Process <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Training <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |                                                                                                                                                                                 |                   | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |  |

# Work Order ID 102320

\*102320\*

Page 2

May-27-13 2:30:19 PM

Item ID: D4042-13 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Rib  
 Start Date: 5/27/13 Start Qty: 2.00 \*2\* Cust Item ID:  
 Required Date: 5/27/13 Req'd Qty: 2.00 \*2\* Customer:  
 Reference:

Approvals: Process Plan: Date: Tooling: Date: Run Start \*NR1\*  
 QC: Date: SPC (Y/N): Date: Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                    | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            | QC21- Final Inspection - Work Order Release | 0.00                 |         |        |              |               |               |                  |                |
| *130*                          |                                             |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                        | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                             |                      |         |        |              |               |               |                  |                |

5/2/13

152-13

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date | Step | Qty                                                                                                                                                                                                                                                                                                                                                                                                                                             | Description of work order update or Non-conformance                                                                                                                             | Initial Chief Eng | Action Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sign & Date | Verification | QC Inspector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Operator <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Setup <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Process <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Training <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |                                                                                                                                                                                 |                   | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |  |

# Picklist Print

May-27-13 2:30:19 PM

Page 1

Work Order ID: 102320  
Parent Item: D4042-13  
Parent Item Name: Rib

Start Date: 5/27/13  
Start Qty: 2.00  
Required Date: 5/27/13  
Required Qty: 2.00

Comments: IPP Rev:A new issue DD 10.01.07 verified by:EC  
verified by:EC IPP Rev:B as per dwg revA DD 10.02.18

| Component Item ID/<br>Item Name               | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|-----------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| M304TS0.750W.049<br>304 SQ Tube .75x.75x.049W |                        | Purchased     | No          |                     |                  | 100             | f                  | 1,039.2874     | 0.955       | 2.0105263    |               |                |        |

| Location | Loc Qty     | Loc Code |
|----------|-------------|----------|
| MAT017   | 59.1068084  |          |
| 124492   | 59.1068084  |          |
| WA006    | 980.1805555 |          |
| 123484   | 28.9999555  |          |
| 125124   | 493.8736    |          |
| 125575   | 457.307     |          |

130010

1.005

DL 15/8/12

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                              | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                              | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                              | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                              | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause                             | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|----------------------------------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling <input type="checkbox"/> |      |      |     |                                                     |                   |                    |             |              |              |
| Operator <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Material <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Setup <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Other <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Process <input type="checkbox"/>       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Training <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved <input type="checkbox"/>    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

8

7

6

5

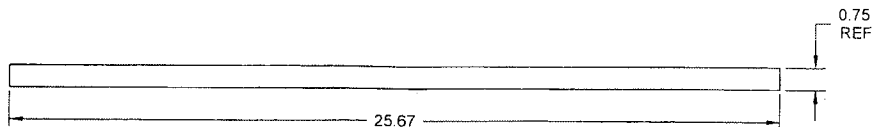
4

3

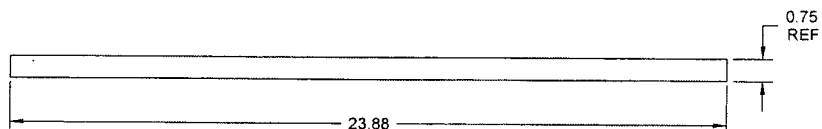
2

1

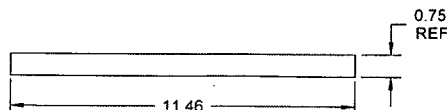
D

D4042-9 RIB

C

D4042-11 RIB

B

D4042-13 RIB

102320 M15  
13-05-27

RELEASED  
R 2010-02-16

**NOTES:**

- 1) MATERIAL: ANSI 304/316 STAINLESS STEEL SQUARE TUBE, 0.75 x 0.75 x 0.049 WALL  
REF DART SPEC. M304TS0.750W.049
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: D4042-9: 0.96 lbs  
D4042-11: 0.89 lbs  
D4042-13: 0.43 lbs

|                                                                                                                                                                                                                               |          |                                        |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------|----------------|
| DESIGN                                                                                                                                                                                                                        | RF       | DART AEROSPACE LTD                     |                |
| DRAWN                                                                                                                                                                                                                         | RF       | HAWKESBURY, ONTARIO, CANADA            |                |
| CHECKED                                                                                                                                                                                                                       | RF       | DRAWING NO.                            | REV. A         |
| MFG. APPR.                                                                                                                                                                                                                    | RF       | D4042                                  | SHEET 11 OF 11 |
| APPROVED                                                                                                                                                                                                                      | RF       | TITLE                                  | SCALE          |
| DE APPR.                                                                                                                                                                                                                      | RF       | SHORT BASKET BASE ASSY                 | NTS            |
| DATE                                                                                                                                                                                                                          | 10.01.29 | COPYRIGHT © 2010 BY DART AEROSPACE LTD |                |
| THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD |          |                                        |                |

8

7

6

5

4

3

2

1